THE STEPPING UP INITIATIVE

Region 6 Behavioral Healthcare

SARPY COUNTY NEBRASKA

Utilizing Data-Driven Strategic Approaches to Reduce the Number of People

with Serious Mental Illness in Jail

Sarpy County, Nebraska
QUARTERLY REPORT

Data from Quarter 3
October 20, 2022

Stepping Up Agenda

1. Welcome and Introductions
2. Data and Strategy Review (Packet)
3. Stepping Up: Sarpy County Steering Committee (SCSC) Priorities (below)
4. Other/Updates
5. Next Quarterly Meeting 2023; 3rd Thursday?
6. Conclude

Sarpy County Steering Committee Priorities:

1. Emergency Community Support after 90 days/proposal (In-Process)
2. Stepping Up connection with county's website (Temp. Pause)
3. Involvement with Data Mapping/Douglas County (In-Process)
4. State Law/Explore Amendment NRS38-2136 (In-Process)
5. Monitor LB921 (2022): Medicaid and Competency (In-Process)
6. Medications-post release from jail (On-Going)
7. Learn more about Certified Community Behavioral Health Clinic
8. Specialized Transition Planning (STP) Data Report

Jail Recidivism Survey (June 2022 Completed)

Review Stepping Up Team members (Aug. 2022 Completed)

Engage LE agencies at quarterly meetings (Aug.2022/Completed)

Stepping Up Key Measures

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail	GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail
Numerator: the number of adults booked into the jail with a diagnosed or self-reported SMI during the month	**Numerator**: the monthly average LOS for those ***discharged*** from jail with a SMI
Denominator: the average daily total population of the jail for the month	**Denominator:** the average daily total population of the jail for the month
Data Source: Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** Data through April 2019 reflects individuals with an MH disorder. Data from May 2019 to current reflect individuals with SMI	**Data Source:** Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** July 2018 – March 2019 used Mental Health Disorder: April 2019 definition changed to SMI
GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail	**GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
Numerator: the number people who have a Type 1 and/or Type 2 Connections to Care made during their stay in jail - reported during the month they were released from jail	**Numerator**: Number of repeat bookings (regardless of reason for booking)
Denominator: number of all people with a SMI discharged from jail that month	**Denominator**: Total number of bookings
Data Source: Public Defender's Office, Sarpy Co Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** Definition updated January 2021, targets updated May 2021 - Note an individual can be represented in each measure (type 1 and 2) but multiple connections within the same type will only count once.	**Data Source:** Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** Will compare those with SMI and those without a SMI

Stepping Up Key Measures

Definitions

- **SMI (Serious Mental Illness):** Individuals who self-report and/or are diagnosed with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, and (vi) Obsessive Compulsive Disorder
- **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following:
    - Verbal or written information is shared about a service or program with the client
    - Written contact information about a service or program is shared with the client
- **Connection to Care/Service Type 2:** Linking to Service; defined as any one of the following:
    - Verbal or written communication is received confirming that the client and the agency have been connected
    - Verbal or written communication is received confirming that the client has an appointment
    - The client is aware of the agency and the agency is aware of the client's need for service.
- **Long Acting Injectable (LAI):** LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to antipsychotic medication
- **Recidivism –** Refers to a person's relapse into criminal behavior and is measured by criminal acts that result in being "re-booked" into jail within the 12 months of the person's last release date.
- **Mental Health First Aid (MHFA):** is an 8-hour public education training that introduces participants to risk factors and warning signs of mental health problems, builds understanding of the impact, and provides an overview of common treatments. Recertification is required every 3 years.
- **Crisis Intervention Training (CIT):** The Memphis Crisis Intervention Team (CIT) is innovative police based first responder program that has become nationally known as the "Memphis Model" of pre-arrest jail diversion for those in a mental illness crisis. This program provides law enforcement-based crisis intervention training for helping those individuals with mental illness. Involvement in CIT is voluntary and based in the patrol division of the police department. In addition, CIT works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers.
- **Medication-Assisted Treatment (MAT**): is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoes.

Data Applications Used:

P1-CAD – This system dispatches Law & Fire agencies of Sarpy County.

LRMS – Law Records Management System for the Law agencies of Sarpy County.

ProPhoenix RMS – This will be replacing LRMS for the Law agencies of Sarpy County.

IMACS – Jail booking software used at the Sarpy County Jail.

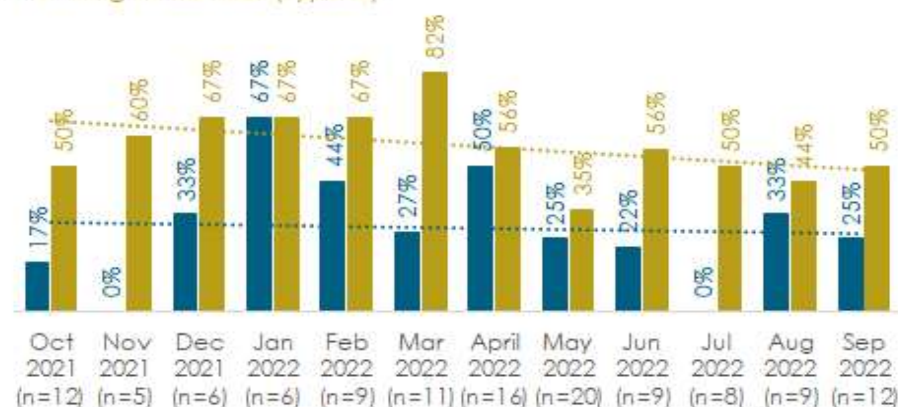MH – System used to help track MH type customers.

Stepping Up 4 Key Measures

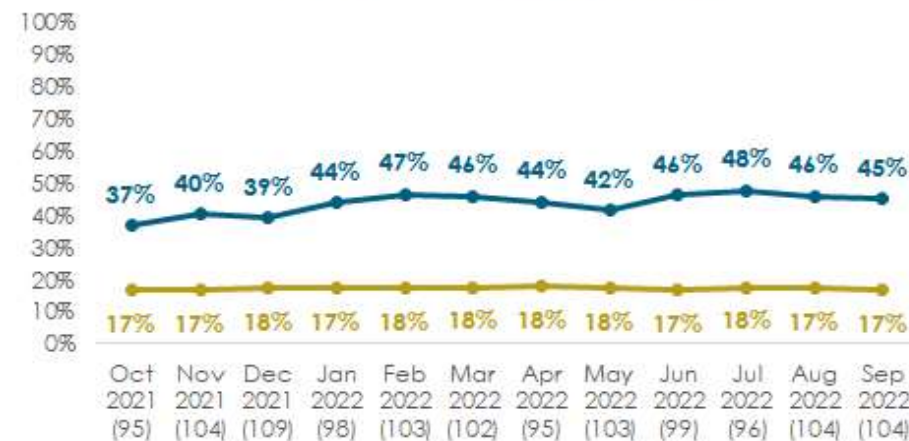| **GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail	**GOAL 2:** Shorten the Average Length of Stay for People with a Serious Mental

Percentage of Average Daily Population with a Serious Mental Illness (SMI)
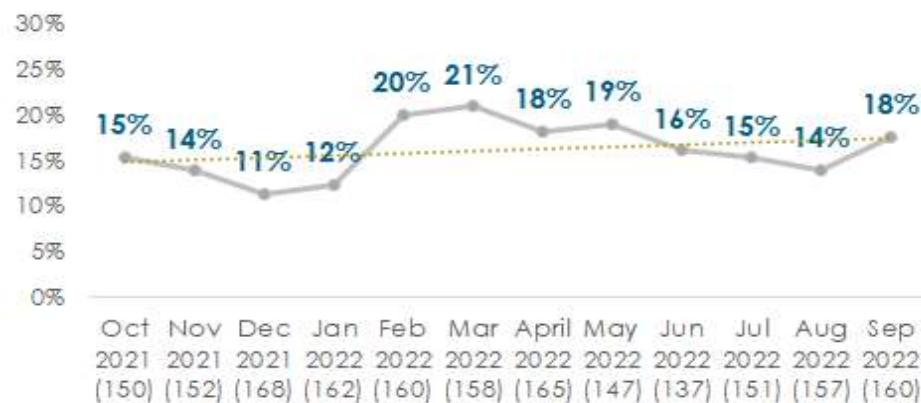
Avg. Length of Stay for General Population vs. Avg. LOS with SMI (in days)

GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail	**GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

Percentage of Service Type Provided:
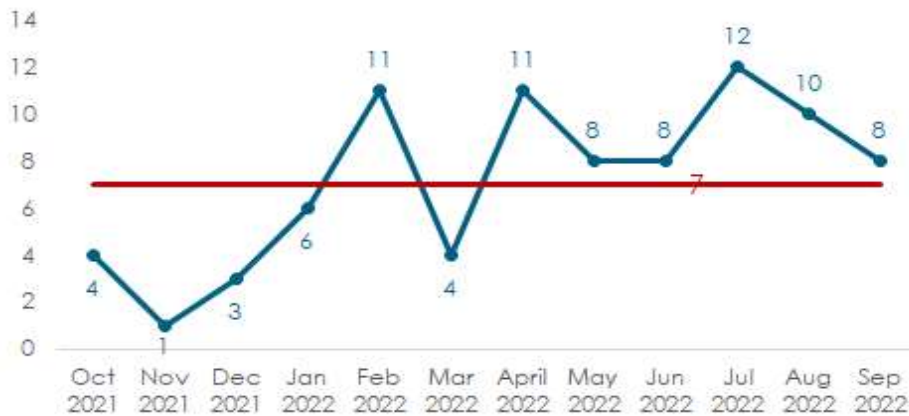Information & Referral (Type 1)
& Linking to Service (Type 2)

Percentage of Repeat Bookings: SMI & Non-SMI

"Set, Measure & Achieve" Targeted Reduction Measures

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10%.	**GOAL 2:** Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail by 5%.

SMI Booking into Jail by Month & Target

Avg. Length of Stay for General Population vs. Avg. LOS with SMI (in days) & Target
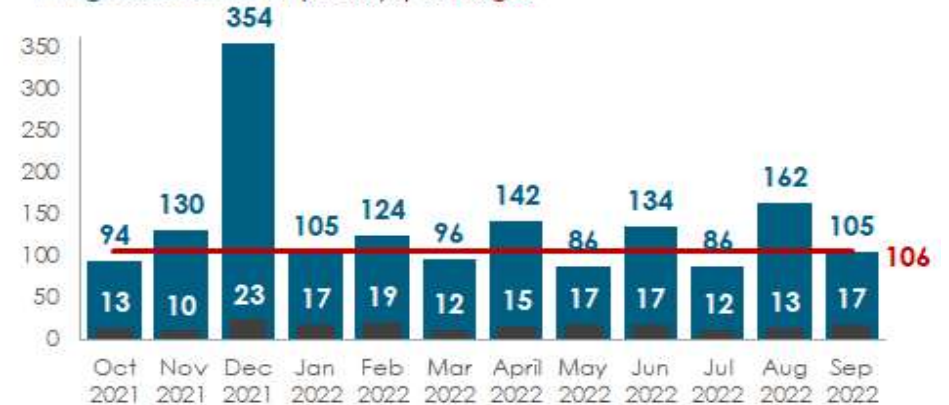
GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail by 10%.	**GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail by 5%

Percentage of Service Type Provided:
Information & Referral (Type 1) & Target
vs. Linking to Service (Type 2) & Target

Percentage of Repeat Bookings: SMI & Target
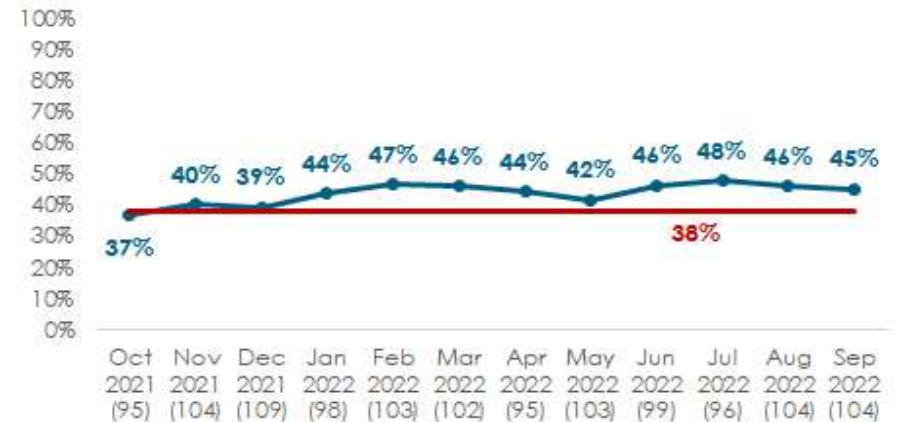
"Set, Measure & Achieve" Stepping Up 4 Key Measures

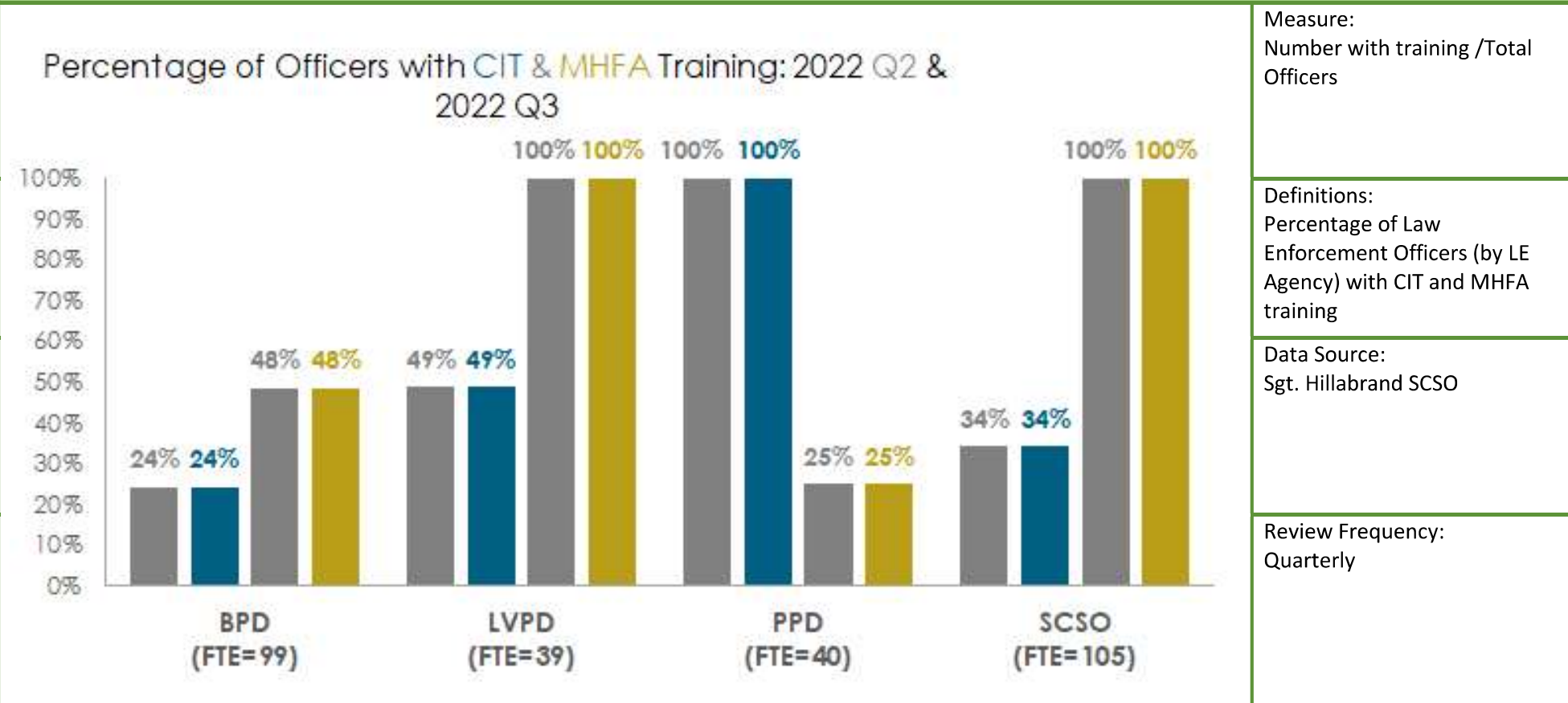| GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10% Annually	GOAL 2: Shorten the ALOS for People with a Serious Mental Illness (SMI) in Jail by 5% (Annually)
Measure: The number of individuals with SMI booked into jail each month (Self-Report) **Data Source:** Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** 8-month average for 2019 was 7.75 SMI bookings per month. A 10% reduction would be 7 bookings per month (2 less each month) *(#) in label is n for month*	**Numerator**: The monthly ALOS for those *discharged* from jail with a SMI **Denominator:** The average daily total population of the jail for the month **Data Source:** Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** 2019 had 111.5 days ALOS for SMI. A 5% reduction is 105.9 days
GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail by 10%	GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail by 5% Annually
Numerator: The number of individuals with a SMI who are represented by the Public Defender's Office who experience an intake into jail that month who are linked to a service via Type 1 or 2 **Denominator**: The number of all people with a SMI who experience intake into jail that month **Of those discharged from jail during the month** **Data Source:** Public Defender's Office, Sarpy Co Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** Definition updated January 2021, targets updated May 2021 Category 1 avg. 28.1% (Jan-Apr 2021) Target = 25% (10% reduction) Category 2 avg. 43.8% (Jan-Apr 2021) Target = 39% (10% reduction) *(#) in label is n for month*	**Numerator**: The number of repeat bookings (regardless of reason for booking) **Denominator**: The total number of bookings **Data Source:** Sarpy County Jail **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** 2019 rate was 21.4% for those with an SMI. 5% reduction is 20.3% rate of recidivism (6 less for year, 106 individuals) 2020 avg. 39.9% (all months) Target = 38% (5% reduction) *(#) in label is n for month*

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail
10% Reduction or an Average of 2 Less People Each Month/ Intercepts 0,1

Strategy	Target	Notes/Updates
Objective 1: Each law enforcement agency in Sarpy County will work toward having 100% of sworn officers trained in either CIT, MHFA or both.		
a. SCSO will explore having an in-house MHFA trained trainer.		
Objective 2: 911 Call Center, County Attorney Attorney's Office, Public Defender's Office and Probation will have 100% of identified staff trained in MHFA or CIT.		
a. Collect and monitor baseline data; develop strategies as needed.	On-going	
Objective 3: Law Enforcement agencies will provide the best possible response to calls involving a mental health related crisis.		
a. Sarpy County is involved with the collaborative Information-Sharing Project.	On-going	
b. Track baseline data on the number of Mobile Crisis Response contacts activated each month by Law Enforcement Agency.	On-going	
Objective 4: Collect baseline data on the number of individuals with SMI who were booked into jail on a misdemeanor charge, by law enforcement agency.		
a. Analyze data and develop strategies as needed. Deep dive as needed to determine if individuals are unique or duplicated.	On-going	
Objective 5: Law Enforcement agencies will have a consistent "hospital exit strategy" when interacting with hospitals for EPC purposes.		
a. Kate will develop a document that outlines the hospital's responsibilities when serving an individual via an EPC. Kate G. will reach out to peer to get feedback on the document.		
b. Understand each hospital's policies/procedures re. Law Enforcement's exit strategy (Leave after medical clearance? Leave after nurse receives paperwork from officer?)		
c. Explore charges related to assault on a healthcare worker that result in incarceration.		

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 1: Each identified Law Enforcement agency in Sarpy County will have 100% of sworn officers or designated staff trained in either CIT, MHFA or both.

	Measure: Number with training /Total Officers
	Definitions: Percentage of Law Enforcement Officers (by LE Agency) with CIT and MHFA training
	Data Source: Sgt. Hillabrand SCSO
	Review Frequency: Quarterly

Analysis:
All law enforcement agencies have 100% sworn officers trained in either CIT or MHFA with the exception of Bellevue Police Department.
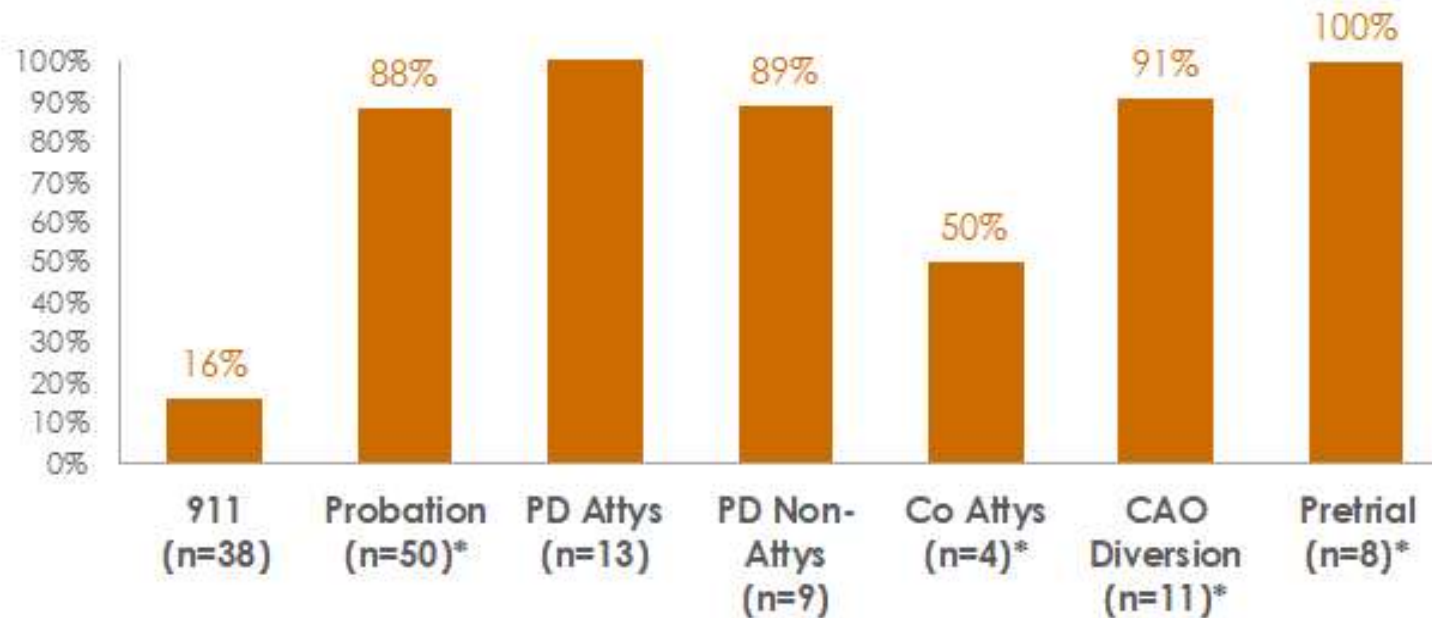Recertification for MHFA is required every 3 years.
Gray data is for previous quarter compared to current quarter in blue (CIT) and gold (MHFA).

** Data impacted by COVID – 19 as training had been suspended.

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 2: 911 Call Center, County Attorney Attorney's Office, Public Defender's Office and Probation will have 100% of identified staff trained trained in MHFA or CIT.

Percent of Officials with CIT and/or MHFA Training: 2022 Q3

Agency	Percent
911 (n=38)	16%
Probation (n=50)*	88%
PD Attys (n=13)	100%
PD Non-Attys (n=9)	89%
Co Attys (n=4)*	50%
CAO Diversion (n=11)*	91%
Pretrial (n=8)*	100%

Measure: Number of Criminal Justice Stakeholders with MHFA and or CIT training / total staff

Definitions: Number of Criminal Justice Stakeholders with MHFA and/or CIT training

Data Source: Each Agency

Review Frequency: Quarterly

Analysis:
This is point in time data gathered at the end of the period of review.
Recertification for MHFA is required every 3 years.

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.

Placeholder	Measure:
	Definitions:
	Data Source: Sgt. Hillabrand SCSO
	Review Frequency:
Analysis:	

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.

Mobile Crisis Response Assessments by L.E. Agency
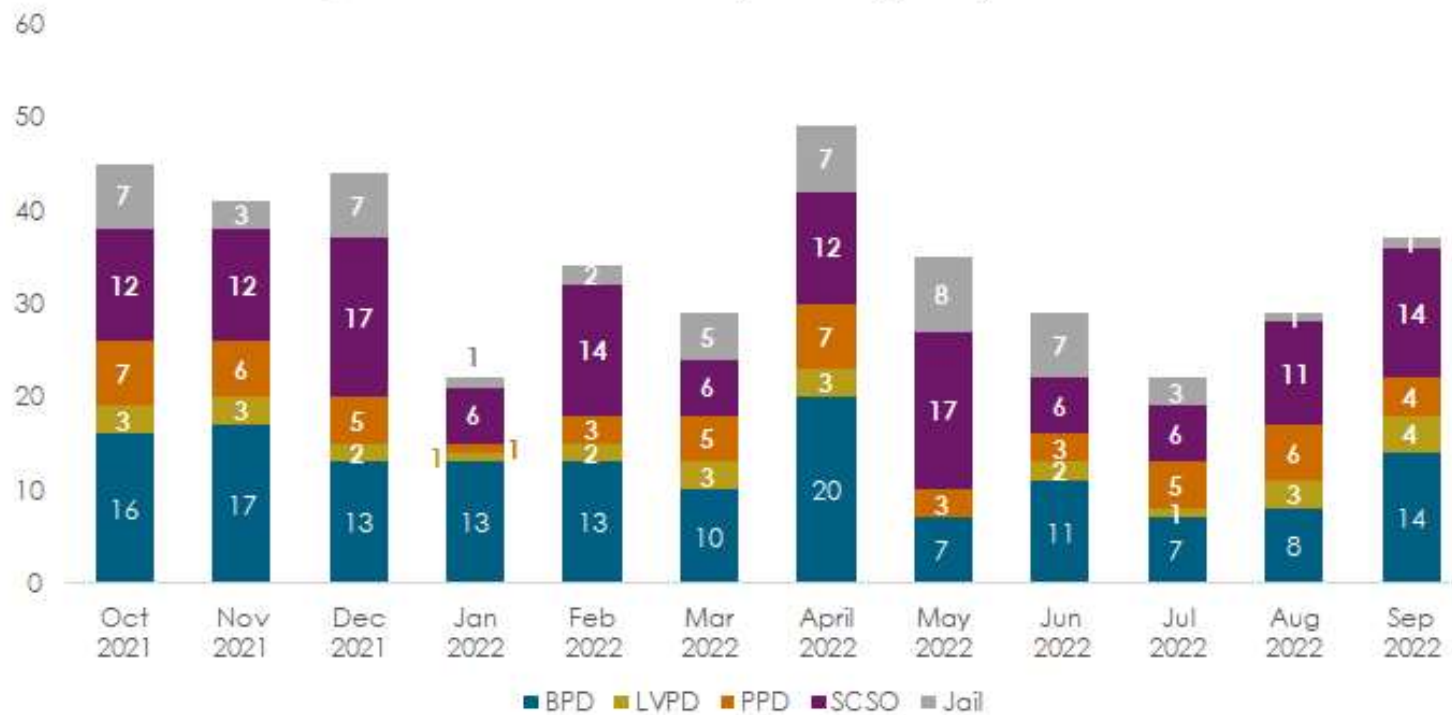
Legend: BPD, LVPD, PPD, SCSO, Jail

Measure:
Total MCR interventions by month

Definitions:
Number of MCR interventions by month.

Data Source:
Heartland Family Services
Jenny Stewart

Review Frequency:
Quarterly

Analysis:
Bellevue Police Department's utilization of MCR significantly increased in April, and significantly decreased in May 2022.
Data includes Face to Face Assessments, Telehealth Assessments, Telephone Consultations, and Cancelled Calls.

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 4: Collect baseline data on the number of individuals with SMI who were booked into jail on a misdemeanor charge, by law enforcement agency.

Measure: Number of individuals with SMI booked into jail on a misdemeanor each month, organized by Law Enforcement Agency	
Definitions:	
Data Source: Jo Martin	
Review Frequency: Quarterly	

Analysis:
These may be unique or repeat bookings/individuals.

April 2021 = First occurrence by Nebraska State Patrol

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail
Shorten by 5% or 6 Fewer Days in Jail for Each Person/Intercepts 2,3

Strategy	Target	Notes/Updates
Objective 1: Corrections will work to have 100% of Correctional Officers trained in CIT, MHFA or both.		
a. Collect and review baseline data on CO's training.		
Objective 2: Collect and analyze Mental Health Diversion data.		
a. Collect and review baseline data; identify opportunities; establish benchmarks/targets		
Objective 3: Collect and analyze Pre-Trial (Mental Health) data.		
a. Collect and review baseline data; identify opportunities; establish benchmarks/targets		
Objective 4: Utilize best practices and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR).		
a. Form a workgroup with PD, CA, Corrections and LRC to identify opportunities to improve communication and flow of information re. CST/CR practices, utilize lessons learned from GAINS Center Technical Assistance.	In-Process	**Document has been drafted; next step is to engage Presiding Judges.**
b. Explore Jail-Based Competency Restoration with DHHS/LRC representatives.	In-process	**Jo leads this**
Objective 5: Explore opportunities to use the Daily Arrest Report with specific service providers.		
a. Form a Douglas and Sarpy Co combo workgroup to review Nebraska Revised Statute 38- 2136 to explore aligning NE state statute with HIPAA, as recommended by J.D. Petrila, national consultant.	On Hold	**Utilized Consultant on August 25th. Steering Committee and Ashley's Workgroup**

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 1: Corrections will work to have 100% of Correctional Officers trained in CIT (40 hours), MHFA (8 hours) or both.

Percentage of Correctional Officers with CIT & MHFA Training:
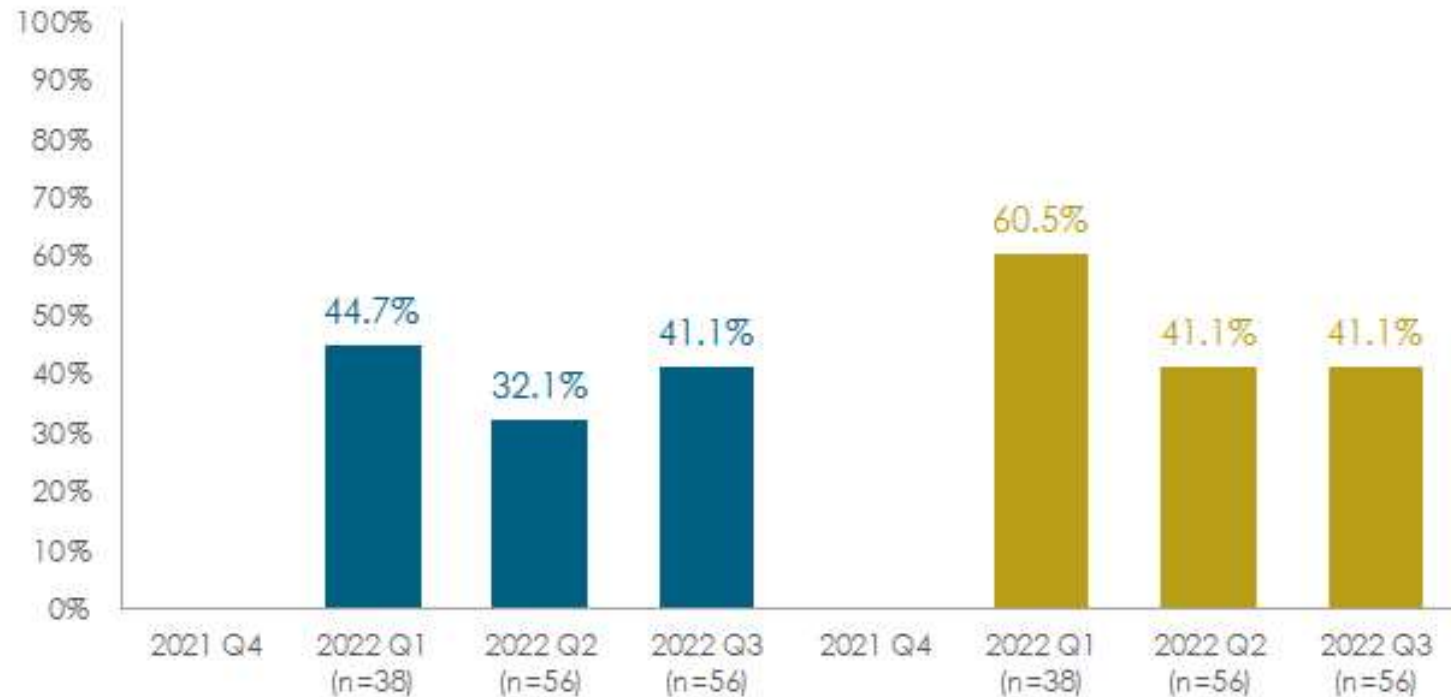
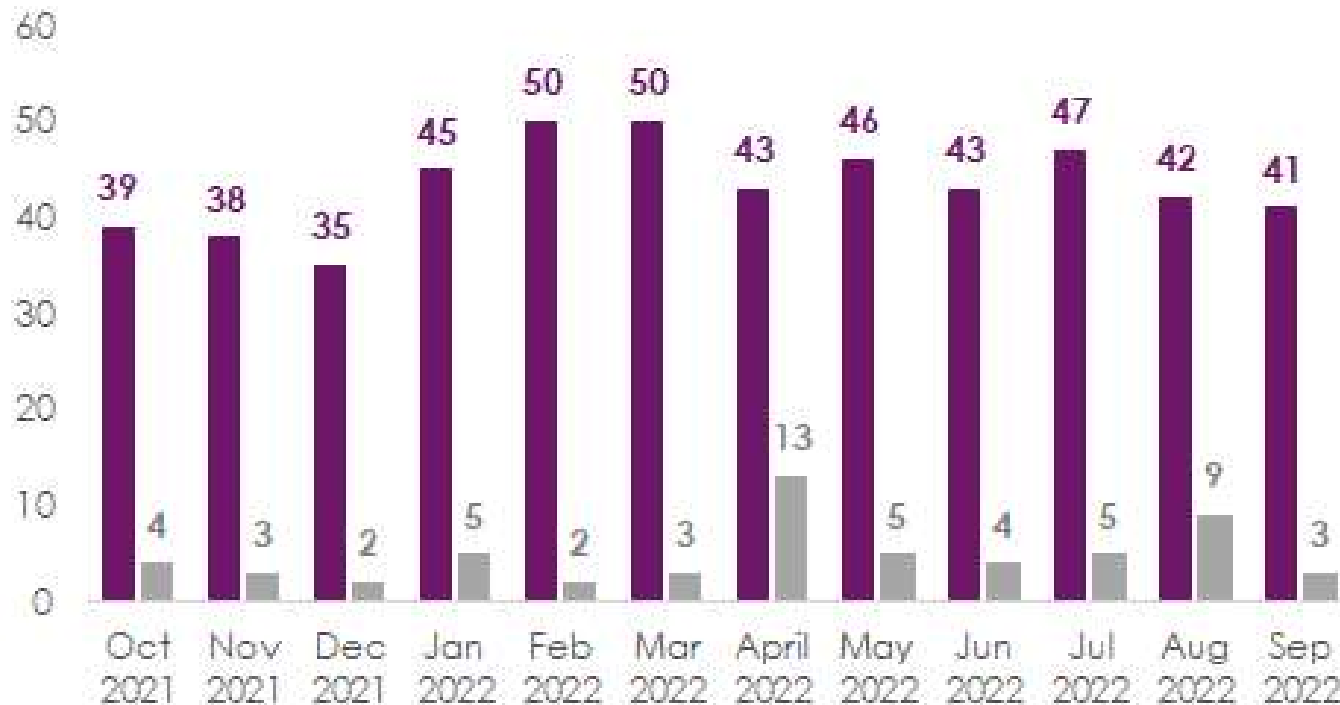|	
Measure: Number of correctional officers with training / total Correctional Officers	
Definitions: Correctional Officers who have completed CIT and/or MHFA	
Data Source: Sgt. Hillabrand SCSO	
Review Frequency: Quarterly	

Analysis:
This is point in time data gathered at the end of the period of review.
Employees who are trained and employed at end of reporting period.

Data was not available for 2021 Q4

** This data is impacted by COVID – 19 – training was temporarily suspended

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 2: Collect and analyze Mental Health Diversion data.

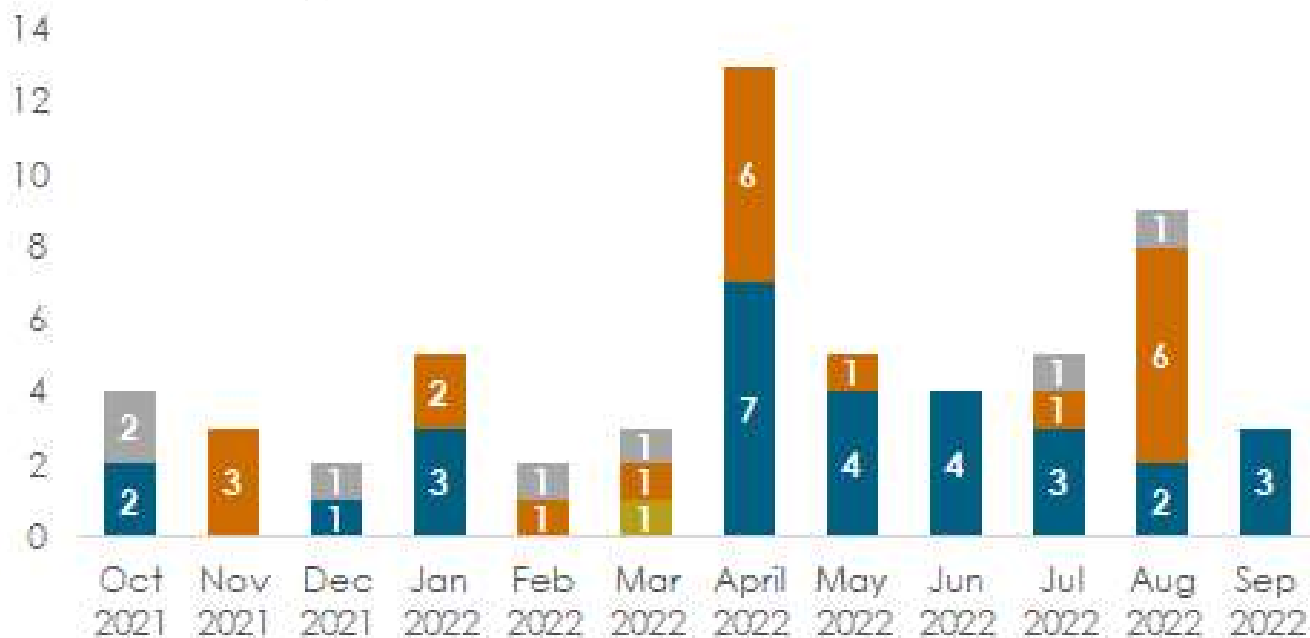|	
	Measure: Mental Health Diversion data organized by total number
	Definitions: Number of consumers active in mental health diversion and number of new referrals by month
	Data Source: Carisa Gosda
	Review Frequency: Quarterly

Analysis:

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 2: Collect and analyze Mental Health Diversion data.

<table>
<tr>
<td rowspan="5">

MH Diversion Referrals by Month by Source:
Co. Attorney, Pre-Trial, Diversion, Jail Screens

</td>
<td>

Measure:
Mental Health Diversion data organized by referral source.

</td>
</tr>
<tr>
<td>

Definitions:
Number of MH Diversion referrals by month by referral source.

</td>
</tr>
<tr>
<td>

Data Source:
Carisa Gosda

</td>
</tr>
<tr>
<td>

Review Frequency:
Quarterly

</td>
</tr>
</table>

Analysis:

The yellow bar=referrals from Ashlie W (MH Pretrial)
The orange bar=referrals from Pretrial (non-MH Pre-trial)

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 2: Collect and analyze Mental Health Diversion data.

Average Number of Days from Arrest to Referral
Co. Attorney, Pre-Trial, Diversion, Jail Screens

|	
Measure:	Mental Health Diversion data organized by category
Definitions:	Number of days from date of arrest to date of referral
Data Source:	Carisa Gosda
Review Frequency:	Quarterly
Referrals by Month:	Apr: n=13 May: n=5 June: n=4
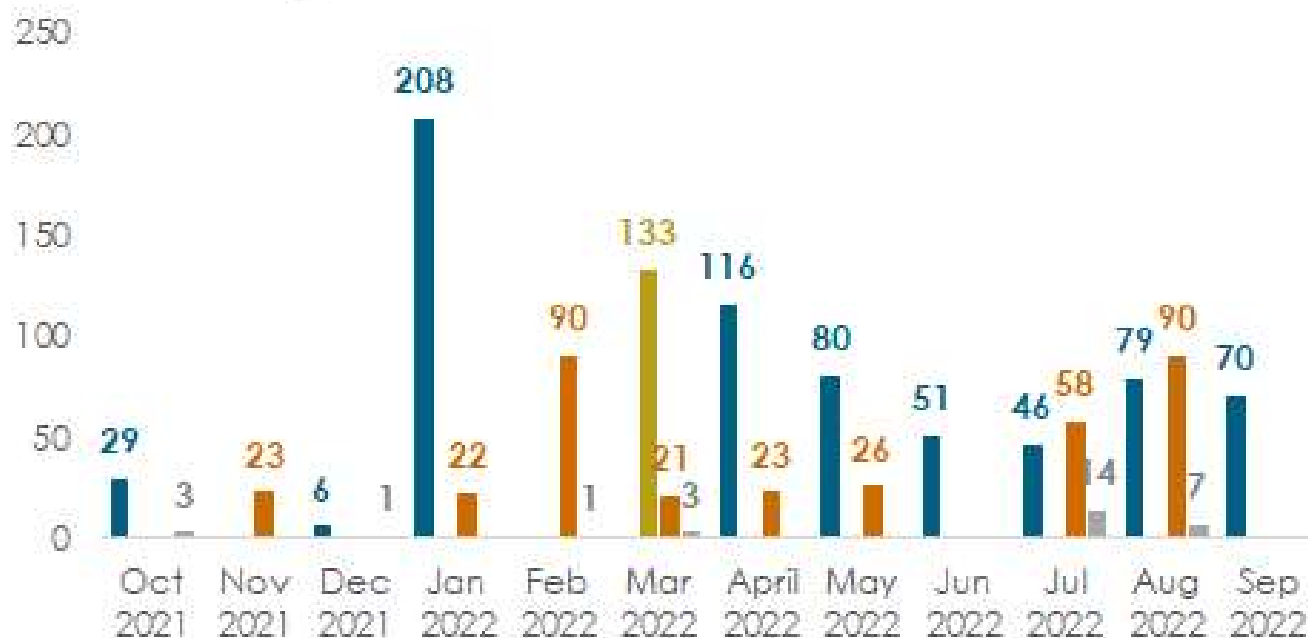
Analysis:

Oct. 2021: The number of days from date of arrest to date of referral are trending down. This is a good thing!
Oct. 2020: Started jail screenings, individuals are getting connected to MH Diversion much quicker now. If an individual in jail screens positive for a possible mental health disorder, their criminal history is reviewed and if they appear to be a good candidate for MH Diversion, Dean will go into jail and meet with the individual to obtain additional information. This is shared with the County Attorney who reviews and decides if an individual is appropriate for MH Diversion. Wellness Court may impact the data at times.

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 2: Collect and analyze Pre-Trial (Mental Health) data.
Where are the referrals coming from?

Mental Health Pretrial Data: Direct Commit, Pretrial to MHCM, Assigned & Remain in Jail-Need to Post Bond, Assigned & Released from Jail (Screened & Placed on MHCM at Bonds/Court)
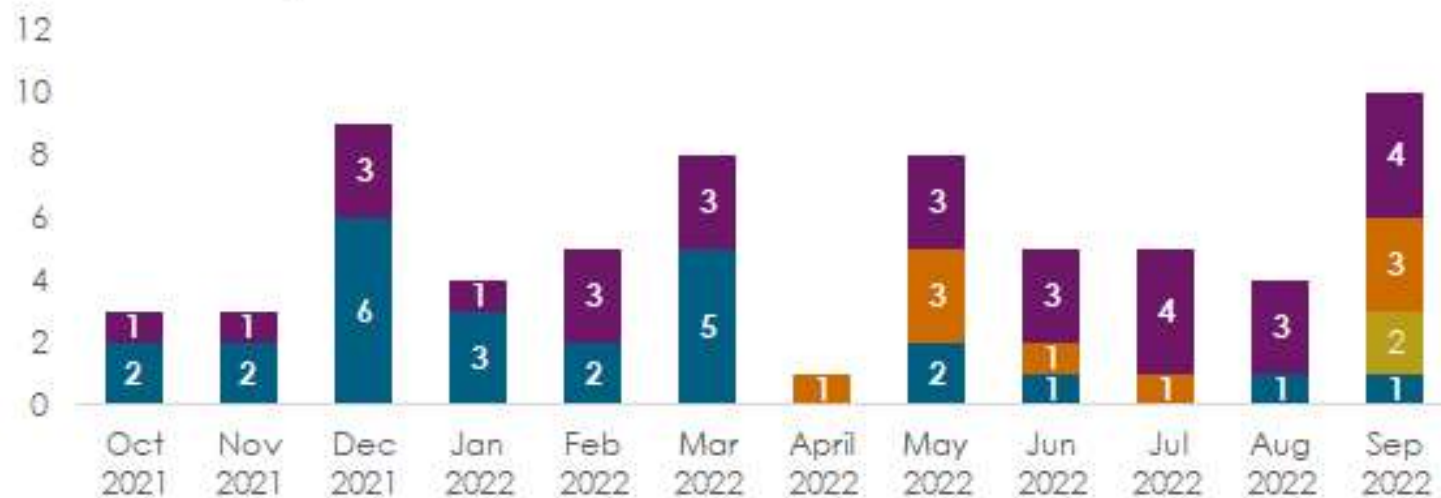
Measure: The number of individuals referred to Mental Health Pretrial organized by referral source and month.

Definitions:
Mental Health Pretrial consumers by category

Data Source:
Ashlie A. Weisbrodt

Review Frequency:
Quarterly

Analysis:
Clients that are direct commits (from the court) and that already have a sentencing date set, can't be referred to Diversion. There are direct commits that can be referred to Diversion as long as they are not set for sentencing.

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 2: Collect and analyze Pre-Trial (Mental Health) data.

Mental Health Pretrial Data: Assigned Clients & Active Clients Participating (goal 23 Active)

Measure:
Number of Active and Assigned clients participating in Mental Health Pretrial by month

Definitions:
Active and Assigned clients participating in Mental Health Pretrial each month

Data Source:
Ashlie A. Weisbrodt

Review Frequency:
Quarterly

Analysis:
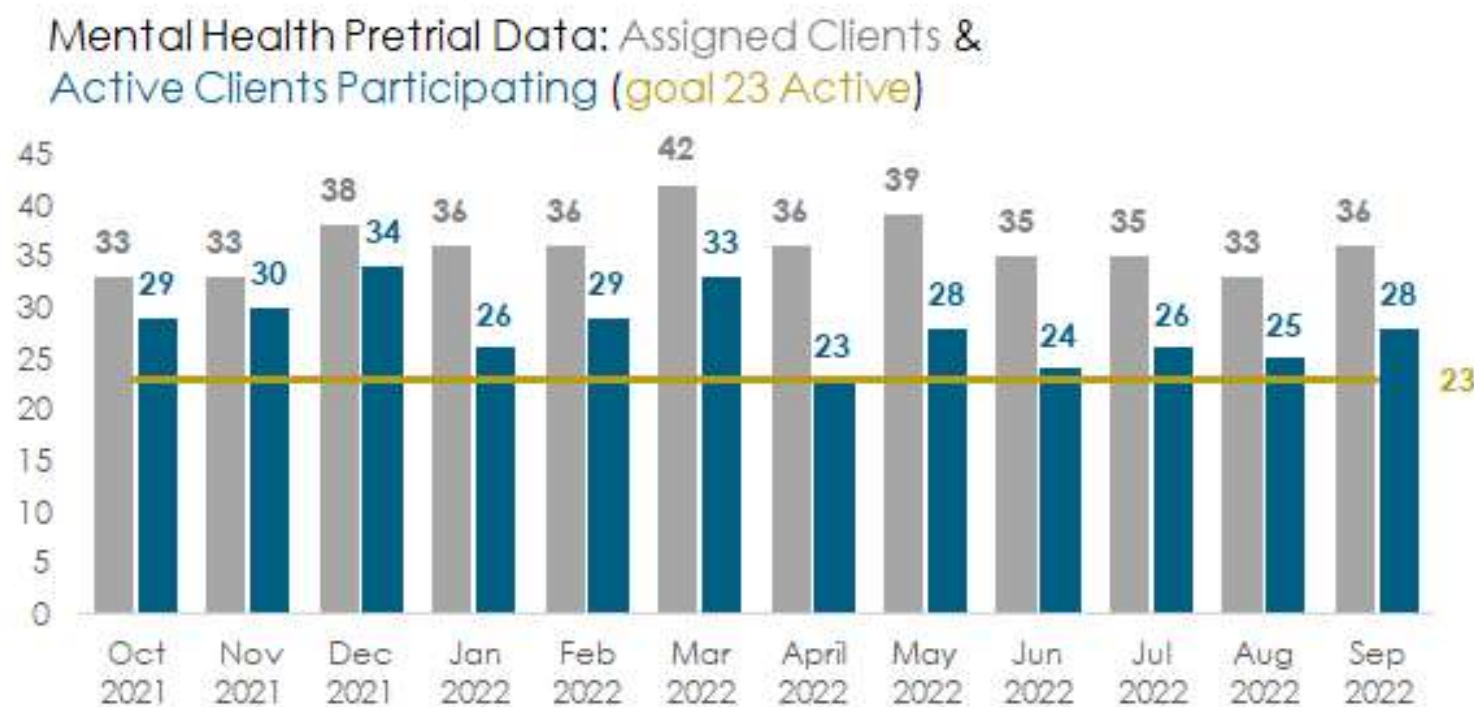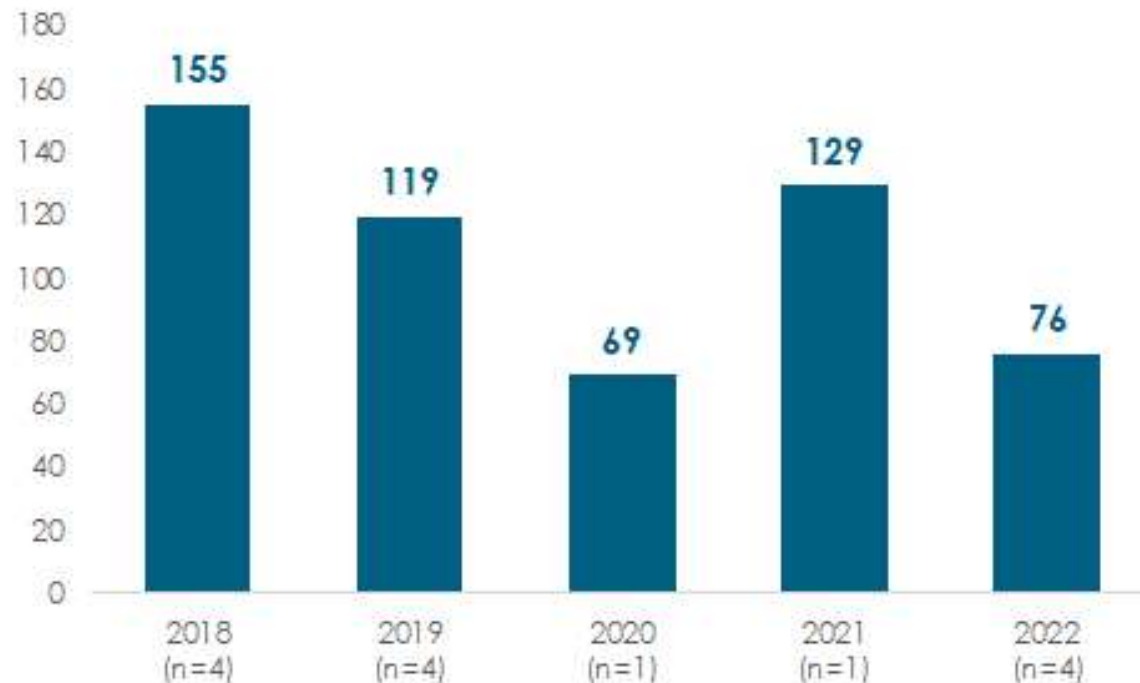Cases peaked in March 2022 with 42 assigned cases.

Ideal caseload capacity is 31-32

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 4: Utilize best practice and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR).

Competency Restoration: Avg. days Waiting in Jail for Competency Restoration at LRC

Year	Avg. days
2018 (n=4)	155
2019 (n=4)	119
2020 (n=1)	69
2021 (n=1)	129
2022 (n=4)	76

Measure:
Total jail days for individuals waiting to receive restorative treatment at LRC, organized by year

Definitions:
The average number of days individuals wait (in jail) to receive competency restoration at LRC.

Data Source:
Jo Martin-Sarpy Co Jail

Review Frequency:
Quarterly

Analysis:
N is the number of people court ordered in said year (not the year they transferred to LRC) and waiting to access LRC for competency treatment by year

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

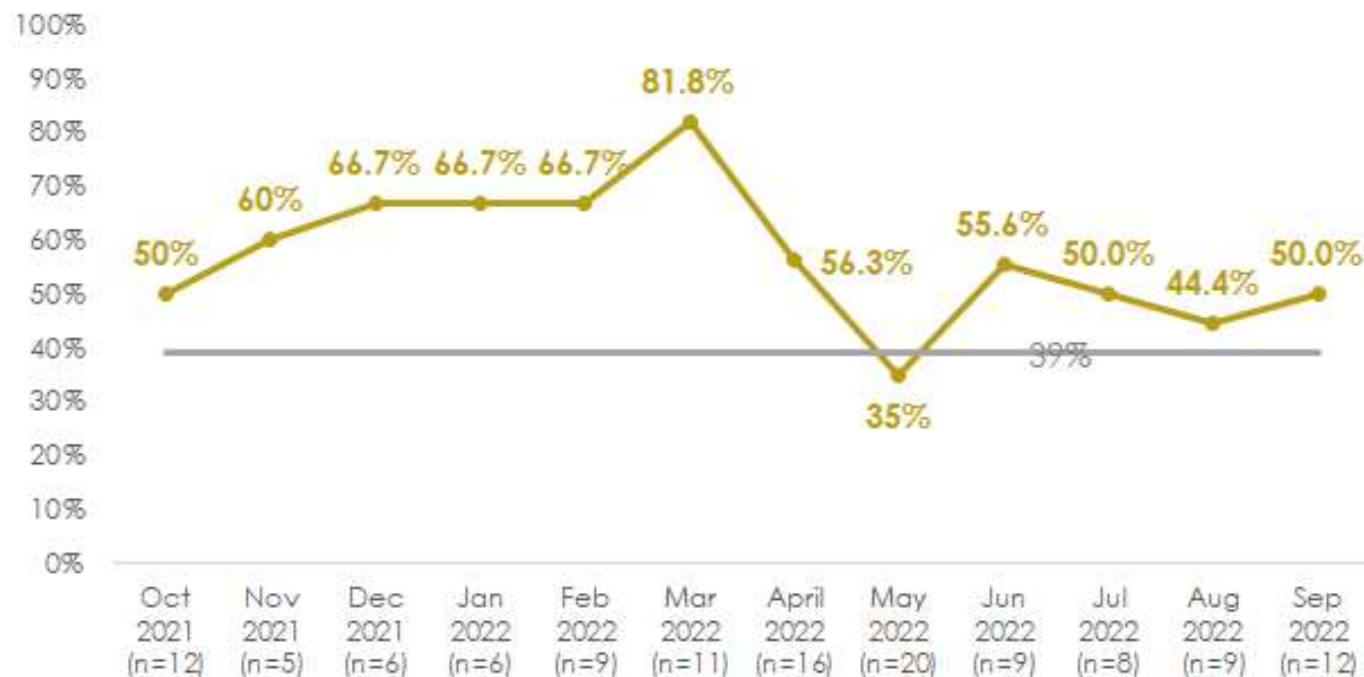| **Objective 5: Explore opportunities to use the Daily Arrest Report with specific service providers.**	
We may or may not have data with this objective. TBD. **PLACEHOLDER**	Measure: Definitions: Data Source: Review Frequency:
Analysis:	

GOAL 3: Increase the percentage of connection to care for people with a SMI in jail.   **Increase by 10%/Intercepts 3,4,5**

- **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following:
  - Verbal or written information is shared about a service or program with the client
  - Written contact information about a service or program is shared with the client
- **Connection to Care/Service Type 2:** Linking to Service; defined as any one of the following:
  - Verbal or written communication is received confirming that the client and the agency have been connected
  - Verbal or written communication is received confirming that the client has an appointment
  - The client is aware of the agency and the agency is aware of the client's need for service.

Strategy	Target	Notes/Updates
Objective 1: At least 43% of people with SMI are connected to Type 2 service prior to re-entry.		
a. Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD's Office and in Jail.		**In-Process**
Objective 2: At least 14% of people with a SMI who are not connected to Type 1 services prior to re-entry are connected to type 1 services prior to re-entry.		
a. Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD's Office and in Jail.		**In-Process**
Objective 3: Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.		
a. Develop a process for ensuring 100% LAI recipients have a community-based appointment with a prescriber, prior to release.		**??? Process**
Objective 4: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.		
a. Schedule meeting #2 with BAART.		Meeting #1 Completed 7-14-22 Vicki update Jo
Objective 5: Collect baseline data to understand the impact of Medicaid expansion on those involved with the criminal justice system.		
a. The jail will collect and review baseline data on the number of Medicaid applications being completed and submitted while individual is incarcerated		**On-Going for Jail** **LB921 will impact this**

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

Objective 1: At least 43% of people with a SMI are connected to Type 2 services prior to re-entry.

Percentage of Service Type Provided: Linking to Service (Type 2) & Target

Oct 2021 (n=12)	Nov 2021 (n=5)	Dec 2021 (n=6)	Jan 2022 (n=6)	Feb 2022 (n=9)	Mar 2022 (n=11)	April 2022 (n=16)	May 2022 (n=20)	Jun 2022 (n=9)	Jul 2022 (n=8)	Aug 2022 (n=9)	Sep 2022 (n=12)
50%	60%	66.7%	66.7%	66.7%	81.8%	56.3%	35%	55.6%	50.0%	44.4%	50.0%

Target: 39%

Measure:
Number of individuals with SMI discharged and linked to service during their stay in jail / total number of individuals with SMI discharged from jail in the month.

Definitions:
Percentage of individuals with an SMI that were linked to service(s) during their stay in jail.

Data Source:
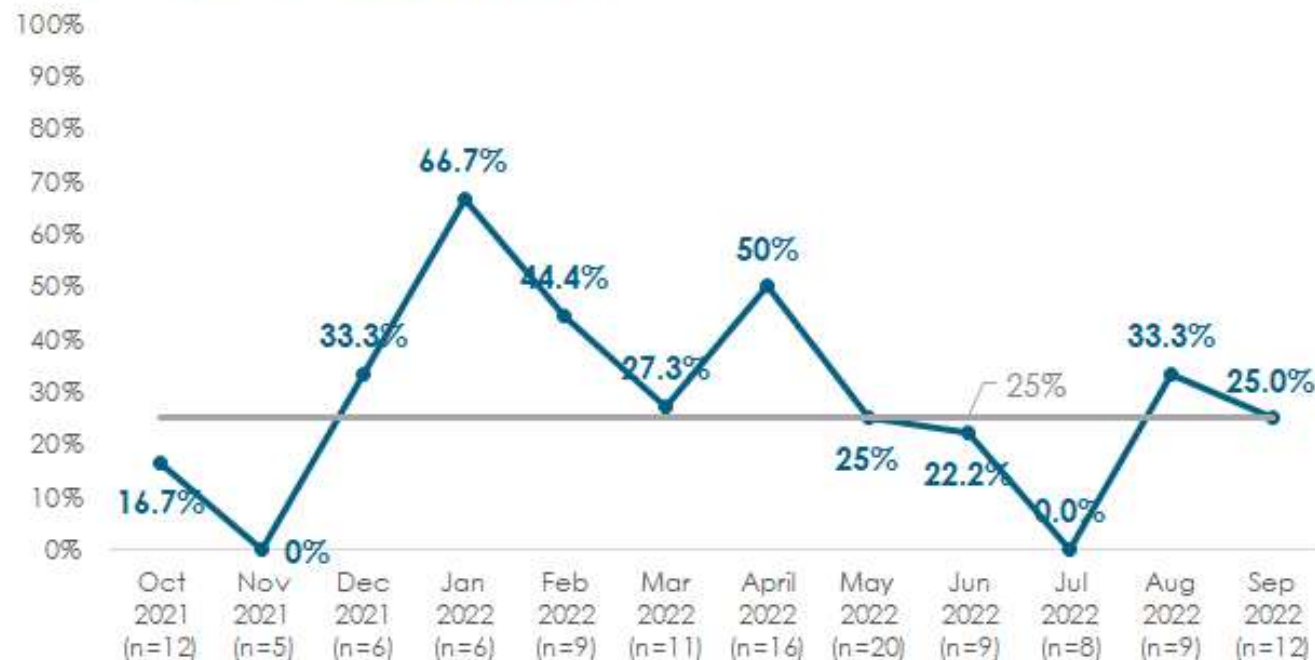Shannon Eustice
Ashley Berg

Review Frequency:
Quarterly

Analysis:
- 39% represents an increase of 10% above Sarpy County's baseline of Type 2 connections to care in accordance with the National Stepping Up Initiative's target goal for CY21 (Set Measure Achieve)
- This data point is impacted by the COVID-19
- Target changed when data reporting was revised, beginning January 2021
- Note: An individual can be represented in each measure (Type 1 and Type 2) but, multiple connections within the same type will only count once
- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

Objective 2: At least 14% of people with a SMI who are not connected to type 2 services prior to re-entry are connected to Type 1 services prior to re-entry.

Percentage of Service Type Provided: Information & Referral (Type 1) & Target

Oct 2021 (n=12): 16.7%
Nov 2021 (n=5): 0%
Dec 2021 (n=6): 33.3%
Jan 2022 (n=6): 66.7%
Feb 2022 (n=9): 44.4%
Mar 2022 (n=11): 27.3%
April 2022 (n=16): 50%
May 2022 (n=20): 25%
Jun 2022 (n=9): 22.2%
Jul 2022 (n=8): 0.0%
Aug 2022 (n=9): 33.3%
Sep 2022 (n=12): 25.0%

Target line: 25%

Measure:
Number of SMI individuals given information or a referral to a service / total number of SMI individuals discharged from jail in the month

Definitions:
Percentage of individuals with an SMI that were given information or referred to a service during their stay in jail.

Data Source:
Shannon Eustice
Ashley Berg
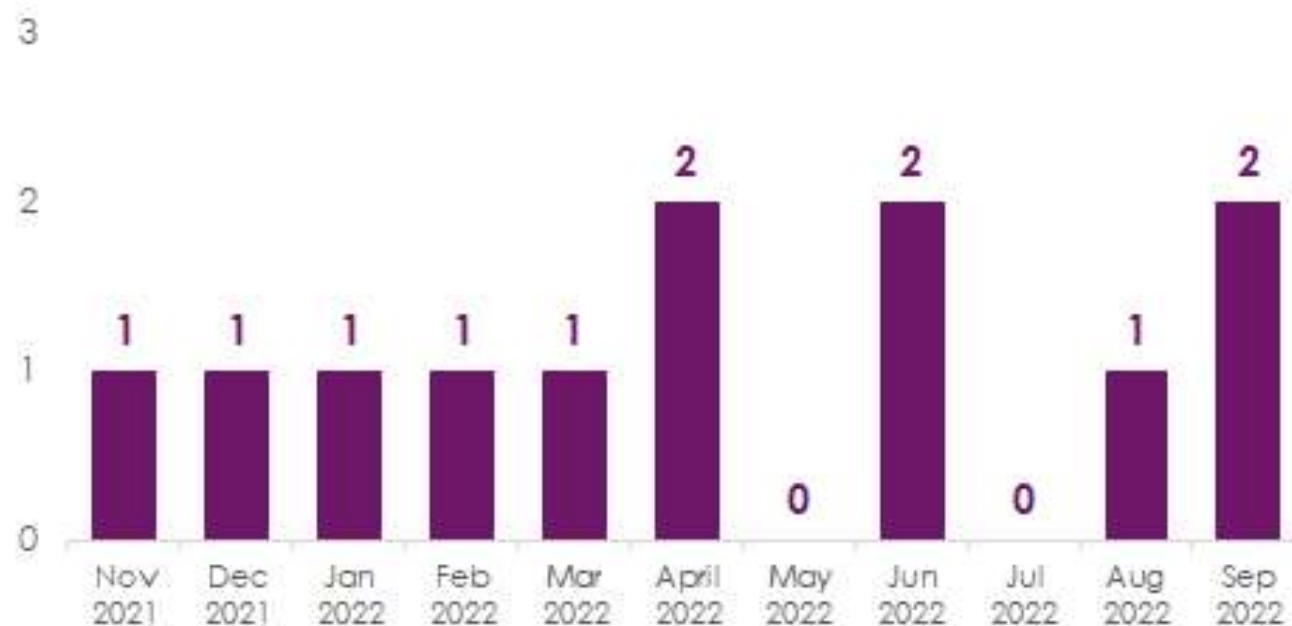
Review Frequency:
Quarterly

Analysis:
- 25% represents an increase of 10% above Sarpy County's baseline of Type 1 connections to care in accordance with the National Stepping Up Initiative's target goal for CY21
- This data point is impacted by the COVID-19
- Target changed when data reporting was revised, beginning January 2021.
- Note: An individual can be represented in each measure (Type 1 and Type 2) but, multiple connections within the same type will only count once
- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

Objective 3: Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.	
Inmates & LAI: 1st Generation, 2nd Gen, Prescribed Didn't Receive	Measure: Inmates on Long-Acting Injectables
	Definitions: Inmates prescribed 1st or 2nd generation LAI
	Data Source: Jo Martin
	Review Frequency:

Analysis:
Generation 1 LAI's include: Haldol, Clopixol, Fluanxol
Generation 2 LAI's include: Aristada, Abilify and Invega

Long Acting Injectable (LAI): LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to antipsychotic medication.

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

Objective 4: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.

PLACEHOLDER

Measure:

Definitions:

Data Source:

Review Frequency:

Analysis:

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

Objective 5: Collect baseline data to understand the impact of Medicaid expansion with those involved in the criminal justice system.

	Measure: Number of Medicaid applications completed and submitted while individual is incarcerated, by month.
	Definitions:
	Data Source: Lauren Jaton, Reentry Sarpy Co Jail
	Review Frequency: Quarterly

Number of Medicaid Applications Completed & Submitted for Incarcerated Individuals

Analysis:
Oct. 2021: First time viewing data
- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021
- COVID impacts this data
- Reentry Coordinator out of office many days in June

GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail Intercepts 0,1,2,3,4,5		
Strategy	**Target**	**Notes/Updates**
Objective 1: Evaluate data from the Specialized Transition Planning (STP) to determine impact on recidivism.		
a. Collect baseline data, develop report, share with team.		**Vicki will work with Lauren, Kim, and Jo**
b. Explore funding for ESC after 90 days for the STP program	2022	**Steering Committee**
Objective 2: Utilize Long-Acting Injectables (LAI) when clinically appropriate (voluntary).		
a. Collect and monitor baseline data to better understand the utilization of LAI's in the jail.		**On-Going**
Objective 3: Provide 7 days' worth of medication at the time of release from Jail.		**Steering Committee**
a. Review current practice and identify any improvements needed.		

GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

Objective 1: Evaluate data from the Specialized Transition Planning (STP) to determine impact on recidivism.	
PLACEHOLDER	Measure:
	Definitions:
	Data Source:
	Review Frequency:
Analysis:	

AD HOC Data

	Analysis & Findings
Analysis:	

Participants

- Jo Martin- Corrections Admin.
- Sgt. Rob Hillabrand-Sarpy Co. Sheriff
- Kate Gatewood- County Attorney
- Ashley Berg- Public Defender/Social Work
- Taylor Stanton-Public Defender/Social Work
- Dean Loftus-Mental Health Diversion
- Carisa Gosda-Diversion
- David Soto-Diversion
- Jacob Berst- Community Corrections
- Ashlie Weisbrodt-Mental Health Pre-Trial
- Jeff Jennings-Probation
- Lauren Reed-Re-entry/Corrections

Region 6 Behavioral Healthcare Contacts

Nick Chadwell
Data Analyst-Quality Improvement
Nchadwell@regionsix.com

Curt Vincentini
Emergency System Manager
Mglasgow@regionsix.com
OFFICE: 402.591.5008 | CELL: 402.637.4414 | FAX: 402.444.7722

Kim Kalina, MSW
Director of Quality Improvement
kkalina@regionsix.com
OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

Vicki Maca, LCSW, LMHP
Director of Criminal Justice/Behavioral Health Initiatives
vmaca@regionsix.com
OFFICE: 402.591.5010 | CELL: 531.444.8615 | FAX: 402.444.7722